

C.J. Hooker Middle School

Student Field Trip Conduct Code and Permission Form

Student Name: _____

Grade: _____

Homeroom Teacher: _____

Team: _____

Trip to: Montréal (Québec), Canada

Date of Trip: Thursday, April 17, 2008 – Saturday, April 19, 2008

Teachers: Mr. Karchawer, Mr. Lewis and Mrs. Chapman

All field trips are considered an extension of the school day. Since students are essentially acting as ambassadors from our school district, all other school rules, regulations, and the guidelines listed below are to be followed.

Students will be expected to adhere to all of the following guidelines:

1. Any student requiring a prescription medication must have a sufficient supply, in the original labeled pharmaceutical container, for the duration of the trip. Any student requiring such prescription medication must notify the school nurse (Mrs. Mulligan) and chaperones in writing, before the trip departure date.
2. Students must remain in the designated activity area(s). Students must always travel in groups with an adult chaperone, and may not depart from the main group without the authorization of the adult chaperone.
3. All students are expected to participate in all group activities as well as abide by all time schedules (e.g. departure times).
4. Parents/Guardians will be responsible for any damages incurred by their children.

Serious infractions of school rules will result in the chaperone contacting the student's parents/guardians and a middle school administrator. Depending on the situation and the chaperone's discretion, parents may be asked to pick up their children if it becomes necessary for your child to be sent home.

Please also be aware that should your child become ineligible to participate on this trip for any reason, including infraction of school rules prior to departure, **refunds will not be issued**. Please review the student rules for school conduct with your child as found in the student agenda on pages 1-9.

If you have any questions, please phone Mr. Lewis or Mrs. Chapman at 615-6300 or email at [klewis@gcsny.org](mailto:kewis@gcsny.org).

I have read, understand, and accept all of the above.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Home Phone # _____ Cell Phone # _____

Emergency Contact: _____ Emergency Contact # _____